

UTAH STATE PETROLEUM STORAGE TANK FUND Claim Form

Facility Identification Number:_____ LUST Release Number:_____

Name of person initiating the claim:_____

Mailing Address:_____

Telephone Number:_____

Claimant is: ☐ Tank system owner ☐ Tank system operator ☐ Facility owner
 ☐ Land owner ☐ Environmental Consultant ☐ Contractor

Which phase of work outlined in the Reporting and Remediation Schedule does this claim apply to:

- ☐ Abatement and initial site characterization ☐ Subsurface investigation
☐ Free product removal ☐ Corrective action
☐ Other:_____

NOTICE TO CLAIMANT:

All invoices submitted with this claim must be complete and include the name, address, and phone number of the company supplying the labor, equipment, or materials.

Payment of this claim will only be made for services rendered and/or materials that have been delivered to the job site. If the payment of this claim is for reimbursement of money expended by the responsible party, submit a copy of cancelled checks (or other proof of payment), and copies of the original bills indicating payment was made in full.

I, the responsible party or his representative, have inspected the job site to ensure that the work indicated for collection by this claim has been completed or that the materials described herein are at the job site.

Name:_____ Company:_____

Signed:_____ Date:_____